

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Patriot Prosperity Political Action Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00525386
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Baker Sound Studios Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 07 / 2014</b>
Mailing Address 1821 Ranstead Street		Amount 850.00
City Philadelphia	State PA	Zip Code 19103
Purpose of Expenditure Media Production	Category/ Type 004	Transaction ID : SE.4331 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Claudia Tenney		Office Sought: <input checked="" type="checkbox"/> House    District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NY
Calendar Year-To-Date Per Election for Office Sought 119742.95		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Multi Media Services Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 07 / 2014</b>
Mailing Address 915 King St 2nd Floor		Amount 113780.00
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Media Purchase	Category/ Type 004	Transaction ID : SE.4324 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Claudia Tenney		Office Sought: <input checked="" type="checkbox"/> House    District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NY
Calendar Year-To-Date Per Election for Office Sought 113780.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	114630.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Satterfield

[Electronically Filed]

Date

MM / DD / YYYY  
06 / 08 / 2014

Signature

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**(Schedule E)**

PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Patriot Prosperity Political Action Committee</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00525386	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Sweet Action Creative LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 07 / 2014</b>	
Mailing Address 2626 Harney St		Amount <b>5112.95</b>	
City Omaha	State NE	Zip Code 68131	Transaction ID : SE.4328
Purpose of Expenditure Media Production	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Claudia Tenney		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>22</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NY</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>5112.95</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>119742.95</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Satterfield

[Electronically Filed]

Date

MM	DD	YYYY
06	08	2014

Signature